

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

D.R. Pompeo Company

ADDRESS

PO Box 1332

CITY

Los Alamos

STATE

NM

ZIP CODE

87544

PHONE

505-662-9858

FAX

505-662-9859

EMAIL:

drpompeo@aol.com

PRIMARY CONTACT:

Don Pompeo

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise _____

☐ Site Work

☐ Demolition

☐ Exterior Utilities

☐ Paint

☐ Structural

☐ Steel Fencing

☐ Masonry

☒ Mechanical (HVAC/Plumbing)

☐ Carpet

☐ Roofing

☐ Building

☐ Electrical

☒ Mechanical

☐ Clean Room

☐ Fire Protection

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

15 years, 11 mos.

How many years has your organization been in the construction business under its present business name?

15 years, 11 mos.

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Donald Pompeo – Owner – Journeyman & Contractor License - 35 years experience

Dawnetta Pompeo – Office Mgr./ Safety Director - 5.5 yrs.

Darrel Hancock – Foreman - 5.5 yrs. – Journeyman Plumber

James Klebesadle – Foreman – 1.5 yrs. – Journeyman Plumber

List the categories of work that your organization normally performs with its company personal.

Mechanical – Plumbing, utilities, gas, etc.

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

TSE Office Bldg. - LANL - \$624,000 – Dec. 2001 – 42% of mechanical
Ice House at TA-53 – LANL - \$284,820 – Nov. 2001
DURS Phase II at TA-54 – LANL \$618,000 – June 2001 – 35% of mechanical
STBRL Computer at TA-3 – LANL - \$131,200 – April 2001 – 45% of mechanical

List your Trade References

Keenan Supply
Perry Supply
Jaynes Corporation

List your Surety company or your banking affiliates.

Fedility & Deposit of Maryland

What is your organization's current bonding rate?

Single ___\$3mil_____ Aggregate___4 projects_____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

MM98

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

EMR	1999	.88	2000	.97	2001	.91	2002	.92
Recordable		19.47		0.0		0.0		0.0
Lost Work Day/ Rate		0.0		0.0		0.0		0.0

Rate Type: Interstate_____, In-State___x_____, Monopolistic_____

Insurance Carrier:

MCA of NM WCGF

What is your firm's North American Industrial Classification System (NAICS) code?

1583

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☒ Small Business ☐ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran
☐ Disabled Veteran ☐ HUBZone

Present number of employees

☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100